



PUBLIC SCHOOLS DRIVER EDUCATION AND TRAINING INSTRUCTOR AUTHORIZATION REQUEST FORM

FISCAL YEAR		_
	July 1 – June 30	

School District Name		Number
Requested by		Date
Title		
Address		
Street	City	Zip
Phone #	Fax	E-Mail

INSTRUCTORS MUST BE AUTHORIZED ANNUALLY TO TEACH.

AUTHORIZATION IS ONLY EFFECTIVE FOR ONE FISCAL YEAR (JULY 1 - JUNE 30) AND MUST BE RENEWED TO BE APPROVED TO TEACH IN THE NEW FISCAL YEAR

NAMELa	ıst		First		Middle	
Home Address Street			City		Zip	
Home Ph:		Work Ph:		Driver License #		
ID Teaching Certificate Expiration Date:		:			DE Endorsement	
		1			No	
Date of Birth		Social Security #				
Check if teaching class and/or BTW*		*Physical in District File		Professional Development Verification (15 clock hours every 2 years)		
	• 6• 4		1			
and/or BTW* *Requires medical cert	ificate	Yes	No			
*Requires medical cert	ificate	Yes				
	ificate		No	(15 clo	ock hours every 2 years)	
*Requires medical cert	ificate	Yes Expiration	No	(15 clo	ock hours every 2 years)	
*Requires medical cert	ificate	Expiration List other	No	(15 clo	ock hours every 2 years)	

INSTRUCTOR AUTHORIZATION REQUEST FORM (Cont.)

District Name:

Page #

FISCAL YEAR _____

Number:			July 1 – June 30	
NAMELast		First	Middle	
Home Address Stree	t	City	Zip	
Home Ph:	Work P	h:	Driver License #	
ID Teaching Certificate Expiration Date:		Yes No		
Date of Birth	Social S	Security #		
Check if teaching class and/or BTW*		ysical in District File	Professional Development Verification (15 clock hours every 2 years)	
*Requires medical certific	<u>cate</u> Yes	No		
BTW*		ion Date:	Date # Hours	
Classroom		her known districts DE will be taught:	Activity	
NAMELast		First	Middle	
		First City	Middle Zip	
Last Home Address		City		
Home Address Stree	t Work P	City	Zip Driver License # DE Endorsement	
Home Address Stree Home Ph:	t Work P	City	Zip Driver License #	
Home Address Stree Home Ph: ID Teaching Certificate Expiration Date of Birth Check if teaching class and/or BTW*	Work P ion Date: Social S *Ph	City th: Security # ysical in District File	Zip Driver License # DE Endorsement	
Home Address Stree Home Ph: ID Teaching Certificate Expiration Date of Birth Check if teaching class and/or BTW* *Requires medical certificate Expiration *Requires medical certificate Expiration **Requires medical certificate Expirat	Work P ion Date: Social S *Ph	City h: Security #	Zip Driver License # DE Endorsement Yes No Professional Development Verification	
Home Address Stree Home Ph: ID Teaching Certificate Expiration Date of Birth Check if teaching class and/or BTW*	work P ion Date: Social S *Ph cate Yes Expirat	City Th: Security # ysical in District File No ion Date:	Driver License # DE Endorsement Yes No Professional Development Verification (15 clock hours every 2 years) Date # Hours	
Home Address Stree Home Ph: ID Teaching Certificate Expiration Date of Birth Check if teaching class and/or BTW* *Requires medical certificate Expiration *Requires medical certificate Expiration **Requires medical certificate Expirat	Work P ion Date: Social S *Ph cate Yes Expirat List oth	City Th: Security # ysical in District File No	Driver License # DE Endorsement Yes No Professional Development Verification (15 clock hours every 2 years)	